

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042004

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 2031. PLACE OF DEATH
a. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

North Kansas City

Length of stay in 1b

4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

Kansas City

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

d. STREET

ADDRESS

3723 E. 37th Terr. No.3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ArmintaS.Kraus4. DATE
OF
DEATH

Month

Day

Year

November14,1962

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-18-74

9. AGE (last birthday)

88

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At The Home

11. BIRTHPLACE (City and state or country)

, Ohio

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

UNKNOWNShoemaker

13b. MOTHER'S MAIDEN NAME

UNKNOWN14. NAME OF HUSBAND or wifeMr. John P. Kraus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Kansas City, Mo.Mrs. George E. Roach-3725 E. 37 Terr. No.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis with

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

left-sided hemiplegia

DUE TO (c)

Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

72 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 1954 to Nov 14, 1962 and last saw her alive on 11-14-62
Death occurred at 5:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Dr. Robert J. HudgensM.D.North Kansas City Mo11-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

White Chapel Memorial Gardens

23d. LOCATION (City, town, or county)

Gladstone, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons-North Kansas City, Mo. 11-16-62 Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.